



7061 Deepage Drive, Suite 200, Columbia, Maryland 21045
Phone (443) 545-1200 • Fax (443) 545-1220

Letter of Transmittal

Date 31-Jan-19	Job No. 1413005
Attention (b) (6)	
RE: Building 1600 Primary Care Clinic N40080-10-D-0496-0030	

TO:

South Potomac - Indian Head

We are sending you: ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change Order ☒ **Certified Payroll Reports**

COPIES	DATE	NO.	DESCRIPTION
1			Bayside Fire and Pro #133 to 136 - Ending January 26, 2019
1			Max Electrical #123 to #142 - Ending December 30, 2019

These are transmitted as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ For bids due _____

Remarks Electronic and Hard Copies

Copy to: ASC File

(b) (6)

Signed:

Project: Indian Head Bldg 1600
Subcontract No: 1413005-BAYFIR

E-VERIFY CERTIFICATION

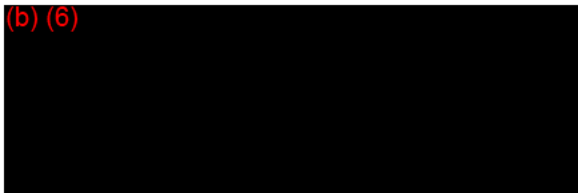
COMPANY NAME: Bayside Fire Protection

PROJECT NAME: Building 1600 - Primary Care Clinic

PAYROLL #: 133 **WEEK ENDING:** 01/05/2019

The undersigned certifies that all employees listed on the attached certified payroll have been validated through the E-Verify System, as required by the contract documents.

(b) (6)

A large black rectangular redaction box covers the signature area. The text "(b) (6)" is written in red at the top left corner of the box.

Signature

1/18/2019

Date

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008
Bayside Fire Protection	7640 Investment Court, Suite B Owings, MD 20736	Expires: 02/28/2018

PAYROLL NO. 133	FOR WEEK ENDING 01/05/2019	PROJECT AND LOCATION Building 1600 Primary Care Clinic Indian Head, MD	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	Tu	W	Th	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS	
				30	31	1	2	3	4	5									
(b) (6)	1	Sprinkler Fitter	O									34.00							
			S																
(b) (6)	1	Skilled Laborer	O									18.50							
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																

NO WORK PERFORMED THIS WEEK

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Project: Indian Head Bldg 1600
Subcontract No: 1413005-BAYFIR

E-VERIFY CERTIFICATION

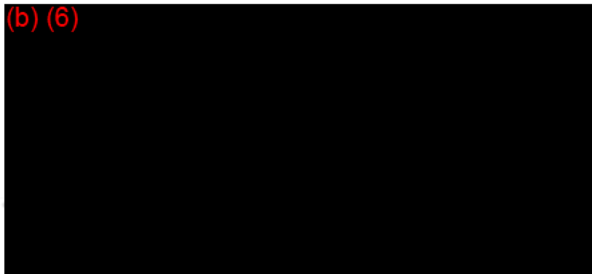
COMPANY NAME: Bayside Fire Protection

PROJECT NAME: Building 1600 - Primary Care Clinic

PAYROLL #: 134 **WEEK ENDING:** 01/12/2019

The undersigned certifies that all employees listed on the attached certified payroll have been validated through the E-Verify System, as required by the contract documents.

(b) (6)

A large black rectangular redaction box covers the signature area. The text "(b) (6)" is written in red at the top left corner of the box.

1/18/2019

Date

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 02/28/2018
Bayside Fire Protection	7640 Investment Court, Suite B Owings, MD 20736	

PAYROLL NO. 134	FOR WEEK ENDING 01/12/2019	PROJECT AND LOCATION Building 1600 Primary Care Clinic Indian Head, MD	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	Tu	W	Th	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS	
				6	7	8	9	10	11	12									
				HOURS WORKED EACH DAY															
(b) (6)	1	Sprinkler Fitter	O										34.00						
			S																
(b) (6)	1	Skilled Laborer	O										18.50						
			S																
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NO WORK PERFORMED THIS WEEK

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Date 01/18/2019

I, (b) (6) Accounting Department
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Bayside Fire Protection

(Contractor or Subcontractor) on the

Building 1600 Indian Head

(Building or Work); that during the payroll period commencing on the

6th day of January, 2019, and ending the 12th day of January, 2019.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Bayside Fire Protection

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
(b) (6)	\$14.76 Hourly Fringes/Health, Holiday, Vacation, Pension
(b) (6)	\$5.07 Hourly Fringes/Health, Pension

REMARKS:

NAME AND TITLE

Jessica Wonneman / Accounting Department

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Project: Indian Head Bldg 1600
Subcontract No: 1413005-BAYFIR

E-VERIFY CERTIFICATION

COMPANY NAME: Bayside Fire Protection

PROJECT NAME: Building 1600 - Primary Care Clinic

PAYROLL #: 135 **WEEK ENDING:** 01/19/2019

The undersigned certifies that all employees listed on the attached certified payroll have been validated through the E-Verify System, as required by the contract documents.

(b) (6)

A large black rectangular redaction box covers the signature area. The text "(b) (6)" is printed in red at the top left corner of the redacted area.

Signature

1/31/2019

Date

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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□

OR SUBCONTRACTOR

CONTRACTOR  **Bayside Fire Protection**

PAYROLL NO. 135

FOR WEEK ENDING

01/19/2019

PROJECT AND LOCATION
Building 1600 Primar
Indian Head, MD

ADDRESS
7640 Investment Court, Suite B
Owings, MD 20736

PROJECT OR CONTRACT NO.

OMB No.: 1235-0008
Expires: 02/28/2018

Rev. Dec. 2008

[illegible]

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Public Burden Statement

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(over)

Date 01/31/2019

I, Jessica Wonneman Accounting Department
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Bayside Fire Protection
(Contractor or Subcontractor) on the

Building 1600 Indian Head
(Building or Work) that during the payroll period commencing on the

13th day of January 2019, and ending the 19th day of January 2019,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Bayside Fire Protection from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
(b) (6)	\$14.76 Hourly Fringes/Health, Holiday, Vacation, Pension
	\$5.07 Hourly Fringes/Health, Pension

REMARKS:

NAME AND TITLE

Jessica Wonneman / Accounting Department

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY ANY SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

Project: Indian Head Bldg 1600
Subcontract No: 1413005-BAYFIR

E-VERIFY CERTIFICATION

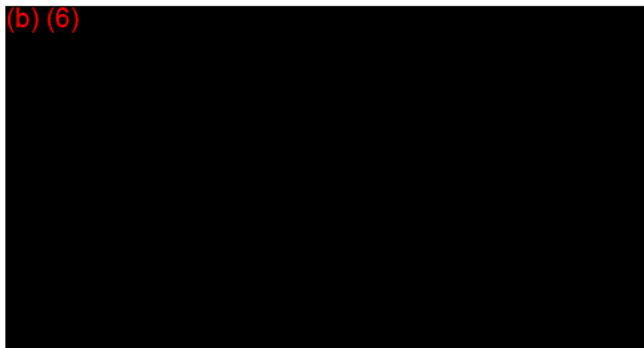
COMPANY NAME: Bayside Fire Protection

PROJECT NAME: Building 1600 - Primary Care Clinic

PAYROLL #: 136 **WEEK ENDING:** 01/26/2019

The undersigned certifies that all employees listed on the attached certified payroll have been validated through the E-Verify System, as required by the contract documents.

(b) (6)



1/31/2019

Date

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 02/28/2018
Bayside Fire Protection		7640 Investment Court, Suite B Owings, MD 20736	

[illegible]

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(over)

Date 01/31/2019

I, [REDACTED] (Name of Signatory Party) Accounting Department (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Bayside Fire Protection (Contractor or Subcontractor) on the

Building 1600 Indian Head (Building or Work); that during the payroll period commencing on the

20th day of January 2019, and ending the 26th day of January 2019,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Bayside Fire Protection (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
(b) (6)	\$14.76 Hourly Fringes/Health, Holiday, Vacation, Pension
	\$5.07 Hourly Fringes/Health, Pension

REMARKS:

NAME AND TITLE

Jessica Wonneman / Accounting Department

(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, 31 OF THE UNITED STATES CODE.

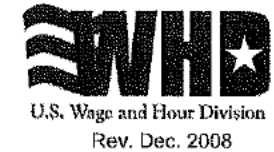
TITLE

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 04/30/2021
Max Electrical Construction Corp.	8735 Bollman Pl, Ste. 1 Savage, MD 20763	

PAYROLL NO. 123	FOR WEEK ENDING 12/23/2018	PROJECT AND LOCATION Restore Interior and Building Systems Building 1800 Naval Ordnance Station @ Indian Head	PROJECT OR CONTRACT NO. 1413005-MAXELE
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				M	T	W	T	F	S	S				FICA	WITH- HOLDING TAX	State Withholding	Medicare	OTHER		TOTAL DEDUCTIONS
				17	18	19	20	21	22	23										
				HOURS WORKED EACH DAY																
(b) (6)		Electrician	O										\$748.00							
			S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00	46.75		\$46.37	\$58.00	\$30.55	\$10.85		\$145.77	\$602.23
			O																	
			S																	
			O																	
			S																	
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Date 12/26/2018

I, (b) (6) President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Max Electrical Construction Corp.

(Contractor or Subcontractor)

on the

Building 1600 Naval Station @ Indian Head

(Building or Work)

; that during the payroll period commencing on the

17 day of December, 2018, and ending the 23 day of December, 2018,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Max Electrical Construction Corp.

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Electrician	Benefits paid to local Union #IBEW #26

REMARKS:

Employees are Union Electrician, Benefits are paid to local Union #26

NAME AND TITLE

Kumhui Waltrup / President

SIGNATURE

Kumhui Waltrup

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 201 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.:1235-0008 Expires: 04/30/2021
Max Electrical Construction Corp.	8735 Bollman Pl, Ste. I Savage, MD 20763	

PAYROLL NO. 124	FOR WEEK ENDING 12/30/2018	PROJECT AND LOCATION Restore Interior and Building Systems Building 1600 Naval Ordinance Station @ Indian Head	PROJECT OR CONTRACT NO. 1413005-MAXELE
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK	
				M	T	W	T	F	S	S				FICA	WITH- HOLDING TAX	State Withholding	Medicare	OTHER	TOTAL DEDUCTIONS		
				24	25	26	27	28	29	30											
				HOURS WORKED EACH DAY																	
NO WORK			O																		
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			O																		
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 01/02/19

I, (b) (6) President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Max Electrical Construction Corp. on the
(Contractor or Subcontractor)

Building 1600 Naval Station @ Indian Head; that during the payroll period commencing on the
(Building or Work)

24 day of December 2018, and ending the 30 day of December 2018,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Max Electrical Construction Corp. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
NO WORK	

REMARKS:

NO WORK

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.